




Provider Web Portal Quick Guide: Submitting a Professional Claim

1. Login to Provider Web Portal.
2. Select Claims in the header.

The screenshot displays the Health First Colorado Provider Web Portal. At the top, the Colorado Department of Health Care Policy & Financing logo is on the left, and the Health First Colorado logo is on the right. Below the logos is a navigation bar with tabs: Home, Eligibility, **Claims** (highlighted with an orange box), Care Management, and Resources. The 'Claims' tab is selected. Below the navigation bar, the page shows the user's name 'username123' and the date 'Tuesday 05/08/2018 04:50 PM MST'. A blue banner displays the provider's information: Provider Name: Medical Provider, Provider ID: Providers - 1234567891 (NPI), Location: 0000000000 - Medical Provider, and Taxonomy: 207P00000X. On the left, there are two sections: 'User Details' with a 'Welcome' message and links to 'My Profile' and 'Manage Accounts'; and 'Provider' with fields for Name, Provider ID, and Location ID, and links to 'Provider Maintenance', 'EFT/ERA (835) Enrollment', and 'Disenroll'. On the right, there is a 'Welcome Health Care Professional!' message, a photo of two healthcare professionals, and four links: 'Contact Us', 'Notify Me', 'Alerts', and 'Secure Correspondence'. At the bottom, a paragraph states: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

3. Select Submit Claim Prof.

Home	Eligibility	Claims	Care Management	Resources
Search Claims Submit Claim Dental Submit Claim Inst Submit Claim Prof Search Payment History				
Claims Tuesday 05/08/2018 05:02 PM MST				
Provider Name Medical Provider Provider ID Providers - 1234567891 (NPI) Location 0000000000 - Medical Provider				
Taxonomy 207P00000X				
<div> Claims</div> <ul style="list-style-type: none">▶ Search Claims▶ Submit Claim Dental▶ Submit Claim Inst▶ Submit Claim Prof▶ Search Payment History				

4. Select the “Claim Type” (Professional, Professional Crossover) then enter the information needed for the claim on the [Submit Professional Claim: Step 1](#) page and click “Continue”.

To enter Medicare information, select a claim type of Professional Crossover. Professional Crossover Medicare information will be entered on Submit Professional Claim: Step 3 page.

NOTE: Rendering provider will be entered on the detail line.

Check the “Include Other Insurance” box to indicate a commercial (Non-Medicare) Third-Party Liability (TPL) coverage. Please refer to the [Submitting a Claim with Other Insurance or Medicare Crossover Information Quick Guide](#) for more information.

The screenshot shows the 'Submit Professional Claim: Step 1' form. The form is divided into sections: 'Provider Information' and 'Claim Information'. The 'Claim Type' is set to 'Professional'. The 'Billing Provider ID' is 1234567891, and the 'Taxonomy' is 'Emergency Medicine'. The 'Referring Provider ID' is an optional field. The 'Supervising Provider ID' is also an optional field. The 'Date Type' is set to 'Date of Current'. The 'Accident Related Reason' is set to 'No'. The 'Patient Number' is required. The 'Transport Certification' is set to 'No'. The 'Previous Claim ICN' is required. The 'Note' field is for additional information. The 'Does the provider have a signature on file?' is set to 'No'. The 'Include Other Insurance' checkbox is checked. The 'Total Charged Amount' is \$0.00. The 'Continue' and 'Cancel' buttons are at the bottom right.

Submit Professional Claim: Step 1
* Indicates a required field.

Claim Type: Professional

Provider Information

Billing Provider ID: 1234567891
Taxonomy: Emergency Medicine
Referring Provider ID: [Optional]
Supervising Provider ID: [Optional]
ID Type: [Optional]
ID Type: [Optional]
ID Type: [Optional]
Name: [Optional]


Claim Information

Date Type: [Optional]
Date of Current: [Optional]
Accident Related Reason: [Optional]
* Patient Number: [Required]
* Transport Certification: Yes [] No [X]
Previous Claim ICN: [Required]
Note: [Optional]
* Does the provider have a signature on file? Yes [] No [X]
Include Other Insurance: [X]
Total Charged Amount: \$0.00

Annotations:

- Billing Provider – Organization, such as a clinic, that receives payment on behalf of the individual who is providing the service.** (Points to Billing Provider ID)
- The “Referring Provider ID” is an optional field. Providers may provide this information if the information is relevant to the claim.** (Points to Referring Provider ID)
- Note: If “Transport Certification” is marked “Yes”, additional information will be requested within this page.** (Points to Transport Certification)
- Continue** and **Cancel** buttons.

5. Enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Professional Claim: Step 2 page under “Diagnosis Codes”, click “Add”, and then click “Continue”.

Submit Professional Claim: Step 2 

* Indicates a required field.

Claim Type Professional


Provider Information

Billing Provider ID	1234567891	ID Type	NPI	Name	Medical Provider
Taxonomy	Emergency Medicine				

Patient and Claim Information

Member ID	U123456	Gender	Female
Member	Jane E. Doe		
Birth Date	99/99/9999	Total Charged Amount	\$0.00

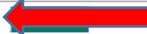
[Expand All](#) | [Collapse All](#)

Diagnosis Codes 

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			
1	* Diagnosis Type ICD-10-CM ▼	* Diagnosis Code <input type="text"/>	

[Add](#) [Reset](#)

[Back to Step 1](#) [Continue](#) 

6. On the Submit Professional Claim: Step 3 page under “Service Details”, enter the service detail information and click “Add”. If applicable, upload any supporting documents under “Attachments” by clicking the “+” symbol. Once finished, click “Submit”.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT ☐ Family Plan ☐

CLIA Number

Rendering Provider ID ID Type

Taxonomy

Referring Provider ID ID Type

Taxonomy

NDCs for Svc. # 1

Rendering Provider (Individual within a Group) – Individual, such as a doctor, who performs billed services for Health First Colorado members.

Note: Select N or Y in the “EMG” field to indicate non-emergency or emergency status.

Note: The “Add” button adds information entered in the “Service Details” into the table.

Note: The “Reset” button clears information entered in the “Service Details” fields.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 ***From Date** **To Date** ***Place of Service** **EMG**

***Procedure Code** **Modifiers** ***Diagnosis** **Pointers**

***Charge Amount** ***Units** ***Unit Type** **Unit** **EPSDT Service** ☐ **Family Plan Service** ☐

CLIA Number

Rendering Provider ID **ID Type**

Taxonomy

ID Type

Click to add attachment.

Back to Step 1 **Back to Step 2** **Submit**

If applicable, upload any supporting documents under "Attachments" by clicking the "+" symbol. Once finished, click "Submit".

7. Review the information entered on the Confirm Professional Claim, then click “Confirm”.

If changes need to be made, navigate back to the appropriate section using the “Back to Step X” buttons at the bottom of the page. Do not use the web browser’s “back” button as it can cause errors on the claim.

Confirm Professional Claim

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Professional

Provider Information

Billing Provider ID	1234567891	ID Type	NPI	Name	Medical Provider
Taxonomy	Emergency Medicine				
Referring Provider ID	_	ID Type	_	Name	_
Taxonomy	_				
Supervising Provider ID	_	ID Type	_	Name	_
Taxonomy	_				
Service Facility Location ID	_	ID Type	_	Name	_
Taxonomy	_				

Member Information

Member ID	U123456	Gender	Female
Member	Jane E. Doe		
Birth Date	99/99/9999		
Address	_		
City	_		
State	_	Zip Code	_

Claim Information

Date Type	_	Date of Current	_
Accident Related Reason	_		
Patient Number	12345		
Transport Certification	No		
Signature on file?	No	Total Charged Amount	\$1,000.00

[Expand All](#) | [Collapse All](#)

No Other Insurance Details exist for this claim

No Attachments exist for this claim

Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

Confirm

Note: If changes need to be made, navigate back to the appropriate section using the “Back to Step X” buttons at the bottom of the page.

8. The claim status and Claim ID will be displayed on the [Submit Professional Claim: Confirmation](#) page. This will also appear on the RA.

Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Denied. ←

The Claim ID is 1234567891011 . ←

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

Print Preview **Copy** **New** **View**

Please note, one of three claim status values will appear on this page:

- 1. Approved**
- 2. Denied**
- 3. Suspend**

Note: A "Suspended" claim status in the Provider Web Portal means that the claim requires manual review by DXC claims staff before a final disposition (status) can be assigned.

Suspended claims only show up **once** on the Remittance Advice (RA). The claim won't appear again on the RA until the claim either denies or pays. Once the claim is finalized, it will be reported on the RA and the 835. Suspended claims are not reported on the 835, only on the RA.

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides.